

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**28296**

**1. PLACE OF DEATH**

County.....  
Township.....  
City, St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 003

File No. ....  
Registered No. 7439  
Ward 10

**2. FULL NAME** Elijah F. Holderfield

(a) Residence, No. 1901 Poplar St., Cairo, Ill. 24 Ward. Cairo, Ill.  
(Usual place of abode)  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Holderfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
36 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On river steamer  
10. Date deceased last worked at this occupation (month and year) June 23, 1933 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ill.

13. NAME William Holderfield

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ill.

15. MAIDEN NAME Sherlotte Abbott

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Green Dickinson  
U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cairo, Ill. DATE 8/28 1933

19. UNDERTAKER (ADDRESS) W. J. Bredeck  
754 E. 12th St.

20. FILED 28 1933 19 7 13 Redeck  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1933, 19, to August 28, 1933, 19

I last saw him alive on August 28, 1933, 19. Death is said to have occurred on the date stated above, at 11:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation Unknown Date of onset

Other contributory causes of importance: Syphilis, tertiary Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury. .... 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. J. Delougherty M. D.

(Address) U.S. Marine Hospital, St. Louis, Mo.

birthed of mother, met. off. of...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

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